

COMMON APPLICATION FORM (For Lump Sum/Systematic Investment)

Morgan Stanley

App.
No.

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No. 83671	Sub Broker/Agent ARN Code	Sub Broker/Agent Code	Employee Unique Identification Number (EUIIN) E100500	Date of receipt	For office use
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Investors should mention the EUIIN [Refer instruction no. 14 of this Form] of the person who has advised the investor. If left blank, the Fund will assume the following declaration by the investor "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES (Please tick (✓) any one of the below. Refer Instruction no. 13)

<input type="checkbox"/> I am a first time investor in Mutual Funds Rs. 150 will be deducted as transaction charges for transaction of Rs. 10,000 and more	or	<input type="checkbox"/> I am an existing investor in Mutual Funds Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more
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1 EXISTING UNIT HOLDER'S INFORMATION (Please mention the details below and proceed to Section 4. Please note that applicant details and mode of holding will be as per existing Folio Number.)

Folio No. _____ Please ✓ KYC (Mandatory - Please attach proof) (Refer instruction 5B)

PAN No. Sole/First Unit holder/Guardian/PoA _____ Second Unit holder _____ Third Unit holder _____ (If PAN is already validated, please don't attach any proof.)

2a NEW APPLICANT'S INFORMATION

NAME OF THE SOLE/FIRST APPLICANT (Mr./Ms./Mrs./M/s/Others) _____ **Date of Birth** _____ **Sex** Male Female
(First Name Middle Name Last Name DD MM YYYY)

PAN (Mandatory) _____ Please ✓ KYC (Mandatory - Please attach proof) (Refer instruction 5B)

LEGAL STATUS OF SOLE/FIRST APPLICANT (Please ✓)
 Individual HUF Company/Body Corporate Trust Partnership FII Bank/FI AoP/BoI LLP
 Club/Society PIO Minor through Guardian NRI Repatriable NRI Non Repatriable NGO Defence Establishment Others (please specify) _____

OCCUPATION OF SOLE/FIRST APPLICANT (Please ✓)
 Service Business Professional Student Retired Housewife Agriculture Others (please specify) _____

GUARDIAN (if sole/first applicant is minor)/CONTACT PERSON (in case of non-individual investors only) (PAN/KYC Compliance not required for contact person)
(Mr./Ms./Mrs./M/s/Others) _____ **Date of Birth** _____
(First Name Middle Name Last Name DD MM YYYY)

PAN (Mandatory) _____ Please ✓ KYC (Mandatory - Please attach proof) (Refer instruction 5B)

NAME OF THE SECOND APPLICANT (Mr./Ms./Mrs./M/s/Others) _____ **Date of Birth** _____
(First Name Middle Name Last Name DD MM YYYY)

PAN (Mandatory) _____ Please ✓ KYC (Mandatory - Please attach proof) (Refer instruction 5B)

NAME OF THE THIRD APPLICANT (Mr./Ms./Mrs./M/s/Others) _____ **Date of Birth** _____
(First Name Middle Name Last Name DD MM YYYY)

PAN (Mandatory) _____ Please ✓ KYC (Mandatory - Please attach proof) (Refer instruction 5B)

Mode of Operation (Please ✓) Single Joint Anyone or Survivor

PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder) **PAN (Mandatory)** _____ Please ✓ KYC (Mandatory - Please attach proof) (Refer instruction 5B)
(Mr./Ms./Mrs./M/s/Others) _____ (First Name Middle Name Last Name)

2b CONTACT DETAILS OF SOLE/FIRST APPLICANT

Address for Correspondence (Please fill complete address. Indian address in case of NRI/FII applicants) _____

 City/Town _____ State _____
 State _____ PIN _____
 Tel. (Office) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Mobile (ISD) _____
 Fax (ISD) (STD) _____ e-mail _____

Overseas Address (Mandatory for NRI/FII applicants) _____

 City/Town _____ State _____
 Country _____ Postal Code _____

The AMC will by default send the Account Statement, Annual Report and Other Statutory Information by e-mail, if provided. However, you may request for physical copies by ticking the following options (Please ✓) Account Statement Annual Report Other Statutory Information
I/We would like to apply for a PIN (this would enable to access your account via internet and phone) (Please ✓)

3 DEFAULT BANK ACCOUNT DETAILS (MANDATORY) FOR RECEIVING REDEMPTION PAYMENTS AND DIVIDEND PAYOUTS

To register multiple bank accounts, please use separate Multiple Bank Accounts Registration Form.

Account No. _____ Account Type Savings Current NRE NRO FCNR Others (please specify)

Bank Name _____ Branch _____

City _____ MICR Code _____ (This is a nine digit number next to your Cheque Number)

IFSC Code _____ (This is an eleven digit alpha numeric number on your cheque)

Morgan Stanley

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant/Authorised Signatory)

App.
No.

Received from (Mr./Ms./Mrs./M/s/Others) _____
towards application for units of _____ Plan _____

Option (Please ✓) Growth or Dividend Payout or Dividend Reinvestment **Dividend Frequency** _____

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
<input type="checkbox"/> Lump Sum	Rs. _____	Cheque No. _____ dated _____ drawn on _____ Bank Branch City
<input type="checkbox"/> SIP	Rs. _____	

All purchases are subject to realisation of Cheque/DD. This acknowledgement slip is for unit holders reference only. Information provided in the form will be considered as final.

Collection centre/ISC stamp, date & signature

4 DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT / GUARDIAN - (Refer Instruction 12)

Depository Name (Please ✓) National Securities Depository Limited Central Depository Services (India) Limited
 Depository Participant Name _____
 DP ID _____ Client ID _____
 Please attach a copy of the DP statement/Client Master Form to enable us to verify the demat account details.

5 INVESTMENT DETAILS

Scheme _____ Plan _____
 Option Growth or Dividend Reinvestment or Dividend Payout **Dividend Frequency** _____

6 PAYMENT DETAILS (Please choose section A or B below) (Refer Instruction 3)

(A) LUMP SUM INVESTMENT: Non Third Party Third Party Payment (attach third party declaration form)
 Investment Amount Rs. _____ DD Charges (if applicable) Rs. _____ = Net Amount in Figures Rs. _____
 Net Amount in Words _____
 _____ Cheque/DD No. _____ Dated DD MM YYYY
 Drawn on _____ Branch _____ City _____
Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify) _____

(B) SIP INVESTMENT

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed _____ (Refer Instruction 5A on page 7)
 SIP Amount _____ (One or more SIP dates can be chosen)
 Rs. _____ (Minimum Rs. 1000) SIP Date (Please ✓) 1st 5th 10th 15th 20th 25th SIP Frequency (Please ✓) Monthly or Quarterly
 Perpetual enrolment (Only for ECS facility) _____ to Dec. 2099 **OR** SIP Period From MM YYYY To MM YYYY
First SIP Instalment Cheque Details: The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.
 Cheque No. _____ Dated DD MM YYYY
 Drawn on _____ Cheque favoring name of the scheme _____
 Branch _____ City _____
Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify) _____

SIP THROUGH AUTO DEBIT (ECS)
 Please also fill up the SIP Auto Debit (ECS) Facility Form

SIP THROUGH POST-DATED CHEQUES* (* Cheques for all Months/Quarters should be of same date)
 Second and subsequent Instalment Cheque Details:
 Cheque Nos. From _____ To _____
 Dated From DD MM YYYY To DD MM YYYY

7 NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) (Refer Instruction 11)

I/We do hereby nominate the person more particularly described hereunder/and cancel the nomination made by me/us earlier. **Nomination not required**

Sr. No.	Name and Address of Nominee(s)*	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion^ (%)
1.	Nominee 1		(to be furnished in case the Nominee is a minor)		
2.	Nominee 2				
3.	Nominee 3				

*Maximum three nominees will be allowed ^Should aggregate to 100%. Would be allocated in equal proportion if left blank

8 DECLARATION AND SIGNATURES

The Trustees, Morgan Stanley Mutual Fund
 I/We have read and understood the contents of Scheme Information Document, Statement of Additional Information, KIM and Application Form including the sections on 'who cannot invest', 'Anti-Money Laundering & KYC', and EUIIN. I/We hereby apply for allotment/purchase of units in the scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I am/We are authorised to make this investment and the amount invested in the scheme is through legitimate sources only and does not involve and is not designated for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any Regulatory Authority in India. I/We hereby authorise Morgan Stanley Mutual Fund, its Investment Manager and its agent to disclose details of my investment to my bank(s)/Morgan Stanley Mutual Fund's bank(s) and/or distributor/broker/investment advisor. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. I/We understand that AMC reserves the right to refuse/reject the allotment of units in case of incomplete/incorrect information produced by me/us.
 I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We confirm that I/We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only.)
Applicable where EUIIN box is left blank: I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.
Applicable for NRIs/Person of Indian Origin/FILs: I/We confirm that I am/We are Non Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR account.
 Date DD MM YYYY

SIGNATURES (ALL APPLICANTS must sign here)

Sole/First Applicant/Guardian/PoA _____
 Second Applicant _____
 Third Applicant _____

SIP AUTO DEBIT (ECS) FACILITY FORM

Registration-cum-Mandate Form for ECS (Debit Clearing)

Morgan Stanley

App. No.

S

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No. 83671	Sub Broker/Agent ARN Code	Sub Broker/Agent Code	Employee Unique Identification Number (EUIIN) E100500	Date of receipt	For office use
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Investors should mention the EUIIN [Refer instruction no. 14 of this Form] of the person who has advised the investor. If left blank, the Fund will assume the following declaration by the investor "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES (Please tick (✓) any one of the below. Refer Instruction no. 8)

<input type="checkbox"/> I am a first time investor in Mutual Funds Rs. 150 will be deducted as transaction charges for transaction of Rs. 10,000 and more	or	<input type="checkbox"/> I am an existing investor in Mutual Funds Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more
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1 APPLICANT'S INFORMATION (MANDATORY)

Existing Unit holder's Folio No. _____

NAME OF THE SOLE/FIRST APPLICANT/UNIT HOLDER

(Mr./Ms./Mrs./M/s/Others) _____ First Name Middle Name Last Name

PAN No. Sole/First Unit holder/Guardian/PoA _____ Second Unit holder _____ Third Unit holder _____ (If PAN is already validated, please don't attach any proof.)

Please (✓) KYC (Mandatory - Please attach proof)

2 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (MANDATORY)

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed _____ (Refer Instruction 5A on page 7)

Scheme _____ Plan _____

Option Growth or Dividend Reinvestment or Dividend Payout

Dividend Frequency _____

SIP Amount _____ (One or more SIP dates can be chosen)

Rs. _____ (Minimum Rs. 1000) SIP Date (Please ✓) 1st 5th 10th 15th 20th 25th SIP Frequency (Please ✓) Monthly or Quarterly

Perpetual enrolment (Only for ECS facility) _____ to Dec. 2099 OR SIP Period From _____ MM YYYY To _____ MM YYYY

First SIP Instalment Cheque Details:

Cheque No. _____ Dated _____ DD MM YYYY The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

Drawn on _____ Cheque favouring name of the scheme _____

Branch _____ City _____

Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify) _____

3 AUTO DEBIT AUTHORISATION OF BANK ACCOUNT HOLDER(S) (MANDATORY)

Account No. _____ Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify) _____

Bank Name _____

Branch Address _____

City _____

MICR Code _____ (This is a nine digit number on your cheque) IFSC Code _____ (This is a eleven digit alpha numeric number on your cheque)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) Direct Debit and that my/our payment towards my/our investment in Morgan Stanley Mutual Fund shall be made from my/our above-mentioned bank account with your bank. I/We hereby authorise MSIMPL - Investment Manager to Morgan Stanley Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise MSIMPL through their authorised service providers to debit my/our above bank account by ECS (Debit Clearing) for collection of SIP payments. Mandate verification charges, if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s) _____

Sole/1st Bank Account Holder

2nd Bank Account Holder

3rd Bank Account Holder

Signature(s) of Bank Account Holder(s) _____

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records.)

To, The Branch Manager

Bank Name _____ Branch _____

Sub: Mandate verification for Account No. _____

This is to inform you that I have registered for making payment towards my/our investments in Morgan Stanley Mutual Fund by debit to my/our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorise my/our representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you, Sole/1st Bank Account Holder 2nd Bank Account Holder 3rd Bank Account Holder

Yours sincerely Signature(s) of Bank Account Holder(s) _____

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records.)

FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on _____ Recorded by _____ Credit A/c. No. _____